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FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations (a) Name Set It Straight				
	(b) Address (number and street)		2. FEC Identification Number	
	(c) City, State and ZIP Code Colorado Springs	CO 809	C C30001861	
	(d) Name of Employer or Principal Place of Business		(e) Occupation	
	Patrick Davis Consulting	I	Consulting	
3.	Is This Statement or Amended	4. Covering Peri	iod	
5.	(a) Date of Public Distribution(s) 1 0 /	D 26 / Y Y Y Y Y Y Y	(b) Communication Title Life Support	
6.	The filer is a(n): (a) Individual (b)	Unincorporated Organization	(c) Qualified Nonprofit Corporation (11 CFR 114.10)	
7.	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify: 7. Were the disbursements for the electioneering communication made exclusively Yes			
0	from donations to a segregated bank account? 3. Custodian of Records			
ο.	(a) Name			
	Patrick Davis			
	(b) Address (number and street)			
	5160 Heathstone Lane			
	(c) City, State and ZIP Code			
	Colorado Springs	CO	80919	
	(d) Name of Employer or Principal Place of Business		(e) Occupation	
	Patrick Davis Consulting		Consulting	
9.	Total Donations This Statement		10000.00	
10	.Total Disbursements/Obligations This Sta	itement	10000.00	
	Under penalty of perjury, I certify that this statement is true, correct and complete.			
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM Patrick Davis			
	SIGNATURE Electronically Filed by Patrick Da	vis	DATE	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

FE3AN038.PDF FEC FORM 9 (REV. 12/2007)